04-18-06 ::EV855946400US PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 APR 1 7 2006 Alexandria, Virginia 22313-1450 (571) 273-2885 or Fax INSTRUCTIONS: This term should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondences and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected bearing a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 25006 01/25/2006 GIFFORD, KRASS, GROH, SPRINKLE & CITKOWSKI, P.C Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. PO BOX 7021 TROY, MI 48007-7021 04/19/2006 NNGUYEN2 00000035 10820174 700.00 OP 01 FC:2501 02 FC:1504 300.00 OP (Signature (Date) APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. HPA-20502/04 10/820,174 04/06/2004 Peter John Williamson 7382 TITLE OF INVENTION: ADHESIVE ROLLER ASSEMBLY SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE APPLN. TYPE DATE DUE YES \$700 \$300 \$1000 04/25/2006 nonprovisional **EXAMINER ART UNIT** CLASS-SUBCLASS AHMAD, NASSER 1772 428-040100 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Gifford, Krass, Groh, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Sprinkle, Anderson & (2) the name of a single firm (having as a member a ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Citkowski, P.C listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Evercare Company Please check the appropriate assignce category or categories (will not be p	Alpharetta Georgia orinted on the patent): Individual
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Authorized Signature Typed or printed name Douglas W. Sprinkle	Date April 17, 2006 Registration No 27.394

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